

California Child Health and Disability Prevention (CHDP) Program LABORATORY PROVIDER PROGRAM AGREEMENT

I, the undersigned, agree as a Laboratory Provider in the CHDP Program to the following:

1. To comply with established CHDP standards for health care as outlined in the CHDP Provider Manual, including all updates, and CHDP Provider Information Notices.
2. To maintain active Medi-Cal provider status and an up-to-date Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate.
3. To inform the local CHDP Program in writing of any changes in ownership, provider name or status, laboratory site address, telephone, or Medi-Cal number, and if at all possible, 30 days in advance of the change.
4. To provide and document on the Confidential Screening/Billing Report (PM 160) those CHDP laboratory tests that have been completed at an approved laboratory site:
 - Analysis of blood lead specimen if the laboratory is approved as proficient in blood lead analysis by the California Blood Lead Proficiency Assurance Program of the Environmental Health Laboratory Branch of the California Department of Health Services.
 - Hematocrit and/or hemoglobin
 - Routine urinalysis
 - Sick cell electrophoresis
 - PAP smear
 - Gonorrhea tests
 - Chlamydia tests
 - VDRL, RPR, or ART
 - Ova/parasites
5. To attach a list to this document of any tests that are sent to another laboratory for analysis and identify those laboratories performing the analyses.
6. To refer specimens to other laboratories when proficiency testing has failed.
7. To refer families and/or patients to their health care provider for the results of the tests.
8. To participate in training from the local CHDP Program when applicable.
9. To provide a copy of the PM 160 to the local CHDP Program so that the Program can meet its federal requirements to provide support services to children with suspected problems.
10. To abide, as a Medi-Cal Provider, by all Medi-Cal laws and regulations and Medi-Cal policies and procedures as published in the Medi-Cal Provider Manual, including its updates.

I declare under penalty of perjury under the laws of the State of California that all information and attachments are true, accurate, and complete to the best of my knowledge and belief.

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| Laboratory Director name (please print) | Title |
| Signature (SIGN IN BLUE INK) | Date |
| Laboratory Owner name (please print) | Title |
| Signature (SIGN IN BLUE INK) | Date |